

Court Lodge Limited

Head Office - Court Lodge Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Court Lodge Limited provides a supported living service to people with learning disabilities and mental health conditions. The service is provided to people living at two houses in the local area who are supported to live independent lives. At the time of our inspection, the service was supporting a regulated activity to seven people.

People's experience of using this service and what we found

The provider had not sent statutory notifications to the CQC where it was appropriate to do so. The provider had taken appropriate action and referred the incidents to the local authority. However as CQC were not informed this would limit the rating in the Well Led question to Requires Improvement.

The analysis of incidents and accidents was not always taking place. The provider sent us in an action plan after the inspection to show how this was going to be addressed. We have made a recommendation around this.

Relatives told us they felt their family members were safe with staff. Staff understood risks to people's care and what they needed to do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started employment, checks were undertaken to ensure that they were suitable.

There were sufficient numbers of staff employed at the service. People's medicines were managed in a safe way by staff. Staff followed best practice with regards to infection control. Staff told us they felt supported and training at the service was effective. People told us staff knew how to provide care and understood their needs.

People's opinions were sought in relation to how they wanted their care to be delivered. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. The registered manager worked with external organisations in relation to improving people's care.

People, relatives and staff were complimentary of the management and the support they received. Staff worked well as a team and felt supported and valued.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

At the previous inspection the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. As this was a focused inspection looking at specific concerns, we did not look at all aspects of this. We found that people continued to be supported with their independence. People were being treated in a kind and caring way. All staff including the registered manager ensured that people were empowered to make decisions around their care and support.

Right support:

- Model of care and setting maximises people's choice, control and Independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Rating at last inspection

The last rating for this service was Good (published 26 June 2017).

Why we inspected

The inspection was prompted in part due to concerns received about people not always being safeguarded from abuse and neglect. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see Well Led section of this full report. We found no evidence during this inspection that people were at risk of harm from this concern. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Head Office - Court Lodge Limited on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to notifications not being made to CQC at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our well-led findings below.

Head Office - Court Lodge Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Our inspection was completed by two inspectors.

Service and service type

This service provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. We checked with the registered manager that people would be comfortable with our presence in their home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- Concerns were raised prior to the inspection that people were not always being protected from abuse. There was an upbeat and positive atmosphere in the homes. People were happy to speak with us and seemed very comfortable in the presence of staff.
- People we spoke with told us they felt safe at the service. One person told us, "I do feel safe. I like all the staff here and have a lot of fun with (staff member). Staff make sure I'm safe going for the bus and help me be independent." Another said, "I feel happy and safe because I've got more support here with the staff."
- Relatives felt their loved ones were safe with staff at the service. One told us, "100% (safe) because she wouldn't open up before, now opens up her feelings and can talk to people." Another said, "(Family member) is safe and happy, I speak with her every night on facetime. She is well looked after, gets on well with others in the house."
- Assessments were completed for people around particular safeguarding risks with actions to take to manage this. For example, one person was a risk of expressing themselves in an aggressive way when they became anxious. There was a clear strategy in place to manage this to keep the person and others safe.
- The registered manager investigated instances of alleged safeguarding and informed the local authority where necessary. There was guidance around the service for people and staff if they needed to report any concerns.
- Staff received safeguarding training understood what constituted abuse and what they needed to do to protect people from the risk of abuse. One staff member told us, "Anything that could be seen as abuse, from sexual to physical, mental. Safeguarding is about protecting them from all different abuse if there is any concerns for their safety."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were enabled to have greater control over the way they lived their lives through 'positive risk-taking' which benefitted their independence. For example, one person would not previously get out of the car when they went for a drive. Staff supported them to go for walks and prior to the Covid-19 outbreak was also going into the local pub. Once the person was comfortable in going to the pub staff encouraged them to order their own meal when they felt ready to do so.
- People told us they felt supported in achieving their personal daily goals. One person told us they enjoyed cooking their meals and that, "I can't do the job, the oven or the sharp knives. I need a little bit of help from staff with those." They told us staff supported them with cooking a meal. A member of staff said, "They (people) have a very good life and we encourage independence and for people to make as many decisions as they can for themselves." A relative told us, "They encourage independence. Every Friday she cleans her room, staff encourage her to do things for herself."
- Care plans detailed people's individual risks and the management plan to reduce the risks. For example,

one person was at risk of becoming anxious when they went outside. Strategies included ensuring trips out were not planned near busy roads and to avoid areas that were busy with people. A relative told us, "Staff have managed (their family member) really well."

- One person had epilepsy and their risk action plan stated how they needed to be supported when they had a seizure. One member of staff told us they made the environment safe and, "We time it for five minutes before we contact the ambulance. Their epilepsy is well controlled." Another person's care plan stated they were at risk of choking as they put too much food in their mouth when eating. The guidance said that staff were to sit beside them and cut their food into bite size pieces. We saw this was followed during lunchtime.
- Incidents and accidents were recorded, and actions taken to ensure the risks were minimised. For example, it was noted one person had bruises on their knees. Staff assessed this was due to the new mini-bus height and where the person pulled the seat in front down when they were seated. The seat was moved slightly, and padding put in place which had reduced the incidents of bruising.

Staffing and recruitment

- There were sufficient staff to ensure that people's needs were being met. We were told by the registered manager there were people who required a one to one with a member of staff and we saw this happened on the day of the inspection. Relatives told us they felt there were enough staff. One told us, "(Family member) has three or four regular staff. They've learnt about her routines and know her." Another said, "There's enough of them (staff) to meet her needs."
- The registered manager assessed people's needs regularly to ensure that appropriate levels of staff were on duty. Routines had been well established to fill the day which people fully engaged in either together or individually.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- One person told us they were independent with their medicines and was, "proud" of that. There were other people who used the service that required support with their medicines. A relative told us their family member was supported well by staff with their medicine. They said, "She needs reminding to take them, staff support her, and I have no concerns."
- People's medicine administration records (MAR) were signed as appropriate and up to date. All MAR charts had a recent photograph of the person for ease of identification. There were medicines prescribed on 'as required' (PRN) basis and these had guidelines in place for their use.
- Each person had their own locked medicine cabinet and staff were appropriately trained in medicine administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Whilst on the inspection we identified there had been no incidents of safeguarding notified to the CQC since their registration where it was appropriate to do so.
- The registered manager confirmed that safeguarding incidents relating to physical and verbal abuse between people using the service in 2019 had been referred to the Local Authority. They acknowledged that none of the incidents had been notified to the CQC as required. The incident policy at the service also needed to be to reflect that CQC took over from the Health and Safety Executive investigating incidents of avoidable harm involving people using the service. Although the provider took appropriate action involving the Local Authority this would be a ratings limiter in this domain due to the identified breach.

Notifiable incidents had not been sent to CQC as required. This was a breach of regulation 18 (Notification of the other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- Although staff and the registered manager acted upon incidents when they occurred. The registered manager was not always collating the information and analysing this to look for trends and themes. The registered manager was included on the rota as a carer when they were at work which meant that some of the management duties such as updating risk assessments and the review of records were not being undertaken. The registered manager told us they had been scheduled on the rota to work as a carer due to the challenges of staff shortages during the Covid-19 pandemic. They told us that in future they would ensure a member of care staff would take their place so that the registered manager could maintain better oversight of the service.
- After the inspection the registered manager sent us an action plan to confirm what steps they had taken to address the shortfalls we had identified. This included implementing a detailed analysis of incidents and accidents. After the inspection they also sent us the notifications that were required.
- There were elements to the quality assurance that were effective. Regular infection control, medicine and health and safety checks of the environment were undertaken. Where shortfalls were identified actions were taken to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- People and relatives were positive about the registered manager and the team leaders at the service. One person said, "This is my second home. I love it here. They are all nice people. (The registered manager) is nice, she's fine." Another said, "All the staff are very nice and kind. (Team leaders) brought me here and I like it." A relative told us, "(Registered manager is) 100% approachable, she is absolutely lovely. She is the mother figure (family member) needed in her life." Another said, "I would give 11 out of 10, (management) go beyond. Pre-lockdown I would just arrive (anytime) and be welcomed."
- Staff were complimentary about the leadership and told us what working at the service meant to them. One member of staff said, "I really love it and it's quite rewarding. If you can go home and have done a good job and know they're happy it's a good feeling." Another said, "I think the person-centred nature of the service is the best thing. It's a very caring service and how you'd want your own family to be treated."
- We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted where incidents had arisen. One told us, "(Family member) had bit of a breakdown, they called to let me know."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given opportunities to talk about things they would like at the service through regular keyworker and tenant meetings. Meetings include, 'What made people happy living at Court Lodge.' We saw examples included people liked being part of a family and enjoyed 'having a laugh with people and staff.' People were also asked 'What made people sad living here' and staff responded by asking how they would address these issues and checked people were happy at the next meeting. A relative told us, "(Family member) asked for room to be decorated and have since been told this was done."
- Staff attended meetings and were invited to contribute to the running of the service. The meeting subjects included the rota, COVID-19 updates, the sickness policy, requests for time off and accidents and incidents. One member of staff said, "(The registered manager) will go around and ask all staff if they have anything to raise."
- Staff told us that they felt supported and valued. One said, "(Registered manager) is always there if you need her. Always at the end of a phone." Another told us, "We're able to raise anything and it's dealt with straight away."
- The COVID-19 pandemic meant that services were mandated by the government to restrict visitors from outside. The registered manager regularly updated the families on how their loved ones were being cared for and planned for people to visit their family members outside of the homes where appropriate. One relative said, "If (family member) has dental, GP, hospital appts, staff tell me when it's happening and when visit has been done, I always get feedback from them." Another said, "Whenever there's been a change, they've asked what my opinion was."
- The management team worked with external organisations to drive improvements in care. The service liaised with other organisations such as the local authority and the local day centre for people with a learning disability.
- There was involvement from health care professionals to review people's care. One health care professional had been contacted in relation to a person's behaviours to determine whether there was any additional support that could be offered. There was evidence from the health care professional they had reviewed this and provided advice to staff which was incorporated into the person's care plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that notifications had been sent to the CQC where appropriate to do so/